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CONFIRMATION NO. 5345

SERIAL NUMBER 09/989,342	FILING OR 371(c) DATE 11/20/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 13421.0002.NPUS00
APPLICANTS Robert C. Simpson, Tallahassee, FL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/22/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 50
				INDEPENDENT CLAIMS 7
ADDRESS 26720				
TITLE Epidural catheter dispenser system to contain and control an epidural catheter, maintain epidural catheter sterility and prevent epidural catheter contamination				
FILING FEE RECEIVED 1281	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	